

Mental Disabilities Board of Visitors

Standards for Site Reviews of Mental Health Facilities

Revision 7-06

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Standards for Site Reviews of Mental Health Facilities

1 ***Organizational Structure, Planning, and Service Evaluation***

The structure, planning, and service evaluation of the mental health service supports and facilitates the delivery of high quality, coordinated, and integrated services.

Criteria - Organizational Structure

- 1.1 The lines of authority and accountability in both the organizational chart and in practice are simple and clear for all staff and leads to a single point of accountability for the mental health service across all sites, programs, and age groups.
- 1.2 The mental health service has a structure that identifies it as a discrete entity within the larger system of mental health services.
- 1.3 The structure of the mental health service promotes continuity of care for consumers across all sites, programs and age groups.
- 1.4 The structure of the mental health service reflects a multidisciplinary approach to planning, implementing, and evaluating care.

Criteria - Planning

- 1.5 The mental health service produces and regularly reviews a strategic plan that is made available to the defined community.
- 1.6 The strategic plan is developed and reviewed through a process of consultation with staff, consumers, family members/carers, other appropriate service providers and the defined community.

The plan includes:

- consumer and community needs analysis
- strategy for increasing the use of evidence-based practices^{1 2}
- strategy for the measurement of health and functional outcomes for individual consumers
- strategy for maximizing consumer and family member / carer participation in the mental health service
- strategy for improving the skills of staff

¹ Adults: Illness Management and Recovery, Medication Management, Assertive Community Treatment / Case Management, Family Psycho-education, Supported Employment, Co-occurring Disorders.

² Children: Family Education and Support Services, Family-Based Prevention and Intervention Programs, In-Home Crisis Services, Home and Community-Based Services Waiver, Intensive Case Management, and School-Based Mental Health Services.

- 1.7 The mental health service has operational plans based on the strategic plan, which establish time frames and responsibilities implementation of objectives.

Criteria - Service Evaluation (Research, Outcome Measurement, and Quality Improvement)

- 1.8 Designated staff of the mental health service are accountable and responsible for the evaluation of all aspects of the service.
- 1.9 The mental health service has a service evaluation strategy that promotes participation by staff, consumers, family members/family members/carers, other service providers, and the defined community.
- 1.10 The mental health service routinely measures health and functional outcomes for individual consumers using a combination of accepted quantitative and qualitative methods.
- 1.11 The mental health service routinely measures its consumers' use of higher levels of service including residential services for children, community hospital inpatient psychiatric hospital admissions (length of stay and recidivism), and Montana State Hospital admissions (length of stay and recidivism).
- 1.12 The mental health service routinely measures its consumers' encounters with law enforcement including legal charges related to mental illness and time in jail and/or prison.
- 1.13 The mental health service is able to demonstrate a process of continuous improvement regarding health and functional outcomes for individual consumers.

2 Rights, Responsibility, Safety, and Privacy

- **The rights and responsibilities of people affected by mental illnesses are defined, promoted, and protected by the mental health service.**
- **The activities and environment of the mental health service are safe for consumers, family members/carers, staff, and the community.**
- **The mental health service ensures the privacy and confidentiality of consumers and family members/carers.**

Criteria - Rights and Responsibility

- 2.1 The mental health service defines the rights and responsibilities of consumers and family members/carers.
- 2.2 The mental health service actively promotes consumer access to independent advocacy services and prominently displays in all of its facilities posters and brochures that promote independent advocacy services including the Mental Disabilities Board of Visitors, the Mental Health Ombudsman, and the Montana Advocacy Program.
- 2.3 The mental health service has an easily accessed, responsive, and fair complaint / grievance procedure for consumers and their family members/carers to follow.
- 2.4 The mental health service provides to consumers and their family members/carers at the time of entering services a written and verbal explanation of their rights and responsibilities, advocacy services available, and the complaint / grievance procedure (including specific information that the Mental Disabilities Board of Visitors is available to assist in filing and resolving grievances) in a way that is understandable to them.

- 2.5 The mental health service displays a written description of consumers' rights and responsibilities, advocacy services available, and the complaint / grievance procedure in prominent areas of the mental health service's facilities.
- 2.6 Staff are trained in and familiar with rights and responsibilities, advocacy services available, and the complaint / grievance procedure.

Criteria - Safety

- 2.7 The mental health service protect consumers from abuse, neglect, and exploitation by its staff and agents.
- 2.8 The mental health service has fully implemented the requirements of 53-21-107, MCA.
- 2.9 Staff are regularly trained to understand and to appropriately and safely respond to aggressive and other difficult behaviors.

Mental health service staff members working alone have the opportunity to access other staff members at all times in their work settings.

The mental health service utilizes an emergency alarm or other communication system for staff and consumers to notify other staff, law enforcement, or other helpers when immediate assistance is needed.

- 2.10 Consumers have the opportunity to access staff of their own gender.
- 2.11 The mental health service has a procedure for debriefing events involving restraint, seclusion, or emergency medications; aggression by consumers against other consumers or staff; and consumer self-harm; and for supporting staff and consumers during and after such events.
- 2.12 The mental health service conducts appropriate criminal background checks on all prospective staff.
- 2.13 The mental health service conducts appropriate driving record checks on all prospective staff whose duties involve transporting consumers in either personal or agency vehicles.

Criteria - Privacy and Confidentiality

- 2.14 The mental health service provides to consumers and their family members/carers if applicable verbal and written information about consent to treatment and informed consent generally.
- 2.15 Mental health service staff maintains consumers' wishes regarding confidentiality while encouraging inclusion of support system members.
- 2.16 The mental health service provides consumers with the opportunity to communicate with others in privacy unless contraindicated for safety or clinical reasons.
- 2.17 Locations used for the delivery of mental health care ensure sight and sound privacy.
- 2.18 The mental health service provides consumers with adequate personal space in both indoor and outdoor care environments in residential and inpatient settings.
- 2.19 The mental health service supports consumers in exercising control over their personal space and personal effects in residential and inpatient settings.
- 2.20 Confidential processes exist by which consumers and family members/carers can regularly give feedback to the mental health service about their perception of services and the care environment.

3 Informational Documents

- 3.1** The mental health service has and proactively provides the following in writing to consumers and family members/carers:
- information about consumer rights and responsibilities, including information about the complaint / grievance procedure, and assistance available from the Mental Disabilities Board of Visitors
 - information about independent advocacy services available
 - descriptions of program services
 - mission statement
 - information about all mental health and substance abuse treatment service options available in the community
 - information about psychiatric disorders and co-occurring psychiatric and substance use disorders and their treatment
 - information about medications used to treat psychiatric disorders
 - information about opportunities for consumer / family member / carer participation in management and evaluation of the service
 - staff names, job titles, and credentials
 - organization chart
 - staff code of conduct
- 3.2** The mental health service provides the following documents to consumers and family members / carers and others on request:
- strategic plan
 - quality improvement plan
 - current service evaluation report(s) including outcome data
 - description of minimum competence and knowledge for each staff position providing service to consumers
 - description of minimum competence and knowledge for each staff position supervising direct care staff
 - written orientation and training material for all direct service staff addressing mental illnesses, treatment modalities, and other topics related to provision of mental health services specific to each position
 - written orientation and training material for consumers / family members / carers relative to roles in service provision, management, advising, or evaluating of the service
- 3.3** The mental health service maintains and uses the following documents to facilitate internal quality improvement and to support positive consumer outcomes:
- records documenting relevant competence and knowledge of individual staff including (1) training received, (2) training needs, (3) deficits identified, (4) training provided to correct deficits.

4 Consumer and Family Member / Carer Participation

Consumers and family members/carers are involved treatment and program planning, implementation, and evaluation of the mental health service.

Criteria

- 4.1 The mental health service recognizes the importance of, encourages, and provides opportunities for consumers to direct and participate actively in their treatment and recovery.
- 4.2 The mental health service identifies in the service record consumers' family members/carers and describes the parameters for communication with them regarding consumers' treatment and for their involvement in treatment and support.
- 4.3 The mental health service promotes, encourages, and provides opportunities for consumer and family member/carer participation in the **operation** of the mental health service (ex: participation on advisory groups, as spokespeople at public meetings, in staff recruitment and interviewing, in peer and staff education and training, in family and consumer peer support). The service has written descriptions of these activities.
- 4.4 The mental health service promotes, encourages, and provides opportunities for consumer and family member/carer participation in the **evaluation** of the mental health service (ex: evaluation of 'customer service', effectiveness of communication with consumers and family members/carers, measurement of outcomes). The service has written descriptions of these activities.

5 Promoting Community Understanding of Mental Illness

The mental health service promotes community understanding and the reduction of stigma for people affected by mental disorders.

Criteria

- 5.1 The mental health service works collaboratively with the defined community to initiate and participate in a range of activities designed to promote acceptance of people with mental illnesses by reducing stigma in the community.
- 5.2 The mental health service provides understandable information to mainstream workers and the defined community about mental disorders and mental health problems.

6 Promotion of Mental and Physical Health, Prevention of Exacerbation of Mental Illness

The mental health service works to promote mental health, appropriate medical and dental care for people with mental illnesses, early detection of mental illnesses, early treatment intervention, and prevention of exacerbation of mental illness.

6.1 Promotion of Mental Health

Criteria

- 6.1.1** The mental health service works collaboratively with state, county, and local health promotion units and other organizations to conduct and manage activities that promote mental health.
- 6.1.2** The mental health service provides information to mainstream workers and the defined community about factors that prevent exacerbation of mental illnesses.
- 6.1.3** The mental health service provides to consumers and their family members/carers information about mental health support groups and mental health-related community forums and educational opportunities.

6.2 Promotion of Physical Health

Criteria

- 6.2.1** For all new or returning consumers, the mental health service performs a thorough physical / medical examination or ensures that a thorough physical / medical examination has been performed within one year of the consumer entering / re-entering the service.
- 6.2.2** The mental health service link all consumers to primary health services and ~~provides or~~ ensures that consumers have access to needed health care.
- 6.2.3** The mental health service proactively rules out medical conditions that may be responsible for presenting psychiatric symptoms.
- 6.2.4** The mental health service ensures that consumers have access to needed dental care.

6.3 Prevention of Exacerbation of Mental Illness

Criteria

- 6.3.1** The mental health service actively and assertively identifies and appropriately reaches out to vulnerable individuals in the defined community, including 'unattached' individuals with mental illnesses, mentally ill older adults, and minor children of mentally ill consumers who are parents.
- 6.3.2** The mental health service assists each enrolled consumer to develop a relapse management plan that identifies early warning signs of relapse and describes appropriate actions for the mental health service, consumers, and family members/carers to take.

7 Sensitivity to Cultural, Ethnic, and Racial Issues

The mental health service delivers non-discriminatory treatment and support that are sensitive to the cultural, ethnic, and spiritual issues important to consumers and consumers' families.

Criteria

- 7.1 The mental health service ensures that its staff are knowledgeable about cultural, ethnic, social historical, and spiritual issues relevant to the mental health of and provision of treatment of mental illness relevant to all people in the defined community, with a specific emphasis on American Indian people.
- 7.2 In the planning, development, and implementation of its services, the mental health service considers the needs of, promotes specific staff training for, and involves representatives of relevant cultural / ethnic / religious / racial groups, with a specific emphasis on American Indian people.
- 7.3 The mental health service investigates under-utilization of mental health services by people in minority cultural / ethnic / racial groups, with a specific emphasis on American Indian people.
- 7.4 The mental health service employs specialized treatment methods and communication necessary for people in minority cultural / ethnic / racial groups, with a specific emphasis on American Indian people.
- 7.5 The mental health service delivers treatment and support in a manner that is sensitive to the cultural, ethnic, and racial issues and spiritual beliefs, values, and practices of all consumers and their family members/carers, with a specific emphasis on American Indian people.
- 7.6 The mental health service employs staff or develops links with other service providers / organizations with relevant experience and expertise in the provision of treatment and support to people from all cultural / ethnic / religious / racial groups represented in the defined community, with a specific emphasis on American Indian people.
- 7.7 With regard to its own staff, the mental health service monitors and addresses issues associated with cultural / ethnic / religious / racial prejudice and misunderstanding, with a specific emphasis on prejudice toward and misunderstanding of American Indian people.

8 Sensitivity to Disability-Related Issues

The mental health service delivers non-discriminatory treatment and support that are sensitive to the their disability-related needs of consumers and consumers' family members/carers.

Criteria

- 8.1 The mental health service ensures that its staff are knowledgeable about issues relevant to people with visual or hearing impairment, people with other disabilities including developmental disabilities, and people who are illiterate in the defined community.
- 8.2 In the planning, development, and implementation of its services, the mental health service considers the needs of, promotes specific staff training for, and involves representatives of people with visual or hearing impairment, people with other disabilities including developmental disabilities, and people who are illiterate and their family members/carers.

- 8.3 The mental health service investigates under-utilization of mental health services by people with visual or hearing impairment, people with other disabilities including developmental disabilities, and people who are illiterate and their family members/carers.
- 8.4 The mental health service delivers treatment and support in a manner that is sensitive to the special needs of people with visual or hearing impairment, people with other disabilities including developmental disabilities, and people who are illiterate and their family members/carers.
- 8.5 The mental health service employs staff or develops links with other service providers / organizations with relevant experience and expertise in the provision of treatment and support to people with visual or hearing impairment, people with other disabilities including developmental disabilities, and people who are illiterate and their family members/carers.
- 8.6 With regard to its own staff, the mental health service monitors and addresses issues associated with prejudice and misunderstanding related to people with visual or hearing impairment, people with other disabilities including developmental disabilities, and people who are illiterate.

9 Integration and Continuity of Services

The mental health service is integrated and coordinated to provide a balanced mix of services that ensure integration and continuity of care for the consumer both within the mental health service and across community and other services.

9.1 Within the Organization

Criteria

- 9.1.1 The mental health service ensures service integration and continuity of care across its services, sites, and consumers' life spans.
- 9.1.2 The mental health service convenes regular meetings among staff of each of its programs and sites in order to promote integration and continuity.

9.2 Within the Community

Criteria

- 9.2.1 The mental health service actively participates in an integrated human services system serving the defined community, and nurtures inter-community links and collaboration.
- 9.2.2 The mental health service's staff are knowledgeable about the range of other community agencies available to the consumer and family members/carers.
- 9.2.3 The mental health service supports its staff, consumers, and family members/carers in their involvement with other community agencies wherever necessary and appropriate.

9.3 Within the Health System

Criteria

- 9.3.1 The mental health service is part of the general health care system and promotes and supports comprehensive health care for consumers, including access to specialist medical resources, and nurtures inter-agency links and collaboration.
- 9.3.2 Mental health staff are knowledgeable about the range of other health resources available to the consumer and provide information on and assistance in accessing other relevant services.

- 9.3.3** The mental health service ensures continuity of care for consumers referred outside the mental health service for a particular therapy.
- 9.3.4** The mental health service ensures continuity of care for consumers following their discharge.

10 Staff Competence, Training, Supervision, and Relationships with Consumers

The mental health service recruits and develops a team of staff that is competent, well-trained, well-supervised, and who interact with consumers skillfully and respectfully.

10.1 Competence and Training

Criteria

- 10.1.1** The mental health service defines minimum knowledge and competence expectations for each staff position providing services to consumers.
- 10.1.2** The mental health service defines specific roles and responsibilities for each staff position providing services to consumers.
- 10.1.3** The mental health service has written training curricula for new staff focused on achieving minimum knowledge and competence levels defined for each position providing services to consumers.
- 10.1.4** The mental health service trains new staff in job-specific knowledge and skills OR requires new staff to demonstrate defined minimum knowledge and competence prior to working with consumers.
- 10.1.5** The mental health service proactively provides staff opportunities for ongoing training including NAMI Provider Training, NAMI-MT Mental Illness Conference, Mental Health Association trainings, Department of Public Health and Human Services trainings, professional conferences, etc.
- 10.1.6** The mental health service periodically assesses current staff and identifies and addresses knowledge and competence deficiencies.

10.2 Supervision

Criteria

- 10.2.1** The mental health service provides active formal and informal supervision to staff.
- 10.2.2** Supervisors are trained and held accountable for appropriately monitoring and overseeing the way consumers are treated by line staff.
- 10.2.3** Supervisors are trained and held accountable for appropriately monitoring, overseeing, and ensuring that defined treatment and support is provided effectively to consumers by line staff according to their responsibilities as defined in treatment plans.

10.3 Relationships with Consumers

Criteria

- 10.3.1** Mental health service staff demonstrate respect for consumers by incorporating the following qualities into the relationship with consumers: positive demeanor, empathy, calmness, validation of the desires of consumers.

11 Assessment, Treatment Planning, Documentation, and Review

- **Consumers receive a comprehensive, timely, and accurate assessment and a regular, effective review of progress.**
- **Consumers and family members are involved in treatment planning that is recovery-oriented.**
- **Documentation of services is timely, accurate, and reflective of goals and goal revision.**

11.1 General

Criteria

- 11.1.1** The mental health service uses a multidisciplinary approach in its treatment planning and review process.
- 11.1.2** The mental health service has a procedure for appropriately following up people who decline to participate in assessments, treatment planning sessions, and treatment reviews.
- 11.1.3** With consumers' consent, the mental health service assessments, treatment planning sessions, and treatment reviews proactively include the participation of and provision of information by consumers' family members/carers, other service providers, and others with relevant information.

11.2 Assessment

Criteria

- 11.2.1** Assessments are conducted in accordance with the unique cultural, ethnic, spiritual, and language needs relevant to all people in the defined community, with a specific emphasis on American Indian people.
- 11.2.2** When a diagnosis is made, the mental health service provides the consumer and, with the consumer's consent, family members/carers with information on the diagnosis, options for treatment and possible prognoses.

11.2.3 Assessments :

- identify consumer preferences, strengths, and needs regarding safety, food, housing, education, employment, and leisure;
- include thorough medical evaluations that determine the nature of consumers' current medical and dental needs, and rule out or identify medical disorders – as contributing to or causing psychiatric symptoms;
- include current nutritional status;
- include current level of physical fitness;
- include assessment of abuse/neglect;
- identify factors that place the consumer at high risk for suicide, violence, victimization, medical disorders such as HIV, gambling, or substance abuse;
- include detailed family history, including family history of mental illness and/or substance abuse;
- include detailed description of current family relationships including consumers' children and their caretaking and custody status;
- identify family supports available, with specific names, contact, and permission information;
- identify specific ethnic background, including unique cultural, ethnic, spiritual, and language needs relevant to consumers and their families, with a specific emphasis on American Indian people (including consumer identified nation/tribe and relevant tribal contact information);
- identify all psychiatric and/or substance abuse treatment and specific plans for obtaining pertinent treatment documentation and for communicating with relevant clinicians and other professionals or paraprofessionals who have provided such treatment in the past or who are currently providing services, including psychiatric medication prescribers;
- detailed information that either confirms or rules out the presence of co-occurring psychiatric and substance use disorders;
- include functional assessment of consumers' daily living skills with detailed description of consumers' strengths and deficits;
- addresses consumers' feelings of hope about the future and their ability to lead a productive life;
- identify sources of motivation, resources, talents, interests, and capabilities;
- identify coping strategies and supports that have been successful in the past and can be successful in the future;
- address consumers' choices regarding services including history of satisfaction and dissatisfaction with services, including medications;
- address consumers' understanding of their illness, their medications and other treatments, and potential medication side effects.

11.2.4 Are GMHC diagnoses congruent with information obtained through the assessment and consistent with Diagnostic and Statistical Manual of Mental Disorders (DSM IV)?

11.3 Treatment Planning

Criteria

- 11.3.1** The mental health service proactively involves consumers, and with consumers' consent, family members/carers, and others in the development of initial treatment plans.
- 11.3.2** Treatment plans focus on interventions that facilitate recovery and resources that support the recovery process.
- 11.3.3** The mental health service works with consumers, family members/carers, and others to develop crisis / relapse prevention and management plans that identify early warning signs of crisis / relapse and describe appropriate action for consumers and family members/carers to take.
- 11.3.4** The mental health service proactively provides consumers, and with consumers' consent, family members/carers a copy of the treatment plan.

11.4 Documentation

- **Documentation of clinical and other service activities and service development is executed in a manner that maximizes coordination, communication, and potential for defined consumer outcomes.**

Criteria

- 11.4.1 The mental health service uses an electronic, computerized health record system with online capability for recordkeeping and documentation of all mental health services provided to all of its consumers.
- 11.4.2 The computerized health record system is capable of coordinating information with other health care providers.
- 11.4.3 Treatment and support provided by the mental health service are recorded in an individual clinical record that is accessible throughout the components of the mental health service.
- 11.4.4 The mental health service's documentation is a comprehensive, sequential record of consumers' conditions, of treatment and support provided, of consumers' progress relative to specific treatment objectives, and of ongoing adjustments made in the provision of treatment and support that maximize consumers' potential for progress.
- 11.4.5 There is clear congruence among assessments, service plans, discharge plans, service plan revisions, and treatment documentation.
- 11.4.6 There is clear documentation of a proactive approach to involving the consumer and family members/carers in a meaningful way in the service planning and revision.
- 11.4.7 For children, there is clear documentation of a proactive approach to involving consumers' parents / carers / guardians in the service planning and revision.
- 11.4.8 The mental health service documents the following to track consumer outcomes:
 - attainment of treatment objectives
 - changes in mental health and general health status for consumers
 - changes in consumers' quality of life
 - consumer satisfaction with services

11.5 Review

Criteria

- 11.5.1 Treatment progress reviews support conclusions with documentation.
- 11.5.2 Treatment progress reviews actively solicit and include the input of the consumer, family members / carers, all facility practitioners involved in the consumer's services, and ~~other~~ outside service providers.
- 11.5.3 Treatment progress reviews are conducted with the treatment team and the consumer present.
- 11.5.4 Treatment progress reviews proactively support continuing treatment and support adjustments that will ensure progress, not just maintenance.
- 11.5.5 When continuation of ongoing treatment strategies is appropriate, the mental health service clearly addresses this fact and documents the rationale.

12 Treatment and Support

- **Adults with Serious Mental Illness** - Consumers and the consumers' family members/carers have access to a range of individualized, safe and effective evidence-based and emerging science-based treatments and supports that address all areas required for recovery and positive outcomes including self care, housing, education, employment, family and relationships, social and leisure, medication, co-occurring mental illness and substance use disorder issues, crisis response, and financial supports and assistance.
- **Children and Adolescents with Serious Emotional Disturbance** - Children, adolescents, and their families have access to a range of individualized, safe, and effective evidence-based and emerging science-based treatments and supports including family education and support services, family-based prevention and intervention programs, in-home crisis services, Home and Community-Based Services Waiver, intensive case management, and school-based mental health services.

12.1 General

Criteria

- 12.1.1 Treatment and support provided by the mental health service is evidence-based, and recovery-oriented.
- 12.1.2 The mental health service provides education for consumers, family members/carers, and staff which maximizes the effectiveness of consumer / family member / carer participation in consumers' treatment (Training Focus Areas: Illness Management and Recovery, Medication Management, Assertive Community Treatment / Case Management, Family Psycho-education, Supported Employment, Co-occurring Disorders ³).

12.2 Case Management

Criteria

- 12.2.1 The mental health service provides comprehensive, individualized case management and support to consumers with severe mental illness.
- 12.2.2 Based on individualized needs assessment, the mental health service provides or facilitates access to assertive community treatment ^{4 5} based on the ACT© model ⁶.
- 12.2.3 Maximum caseload sizes are established; caseload sizes are monitored to ensure that excessive caseload sizes do not compromise service quality or consumer access to case managers.

³ United States Department of Health and Human Services. Evidence-Based Practices: Shaping Mental Health Services Toward Recovery. Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, <http://www.mentalhealthpractices.org/index.html> , 2004.

⁴ Lehman, A.F., & Steinwachs D.M. (1998). Patterns of usual care for schizophrenia: initial results from the Schizophrenia Patient Outcomes Research Team (PORT) client survey. *Schizophrenia Bulletin*, 24(1), 11-20.

⁵ Chavez, N., Hyman, S., Arons, B. (1999), Mental Health: A Report of the Surgeon General, at: <http://www.surgeongeneral.gov/library/mentalhealth/chapter4/sec5.html#assertive>.

⁶ Information on Assertive Community Treatment at : <http://www.mentalhealthpractices.org/act.html>

12.3 Independent Care

Criteria

- 12.3.1** Independent care programs or interventions provide sufficient scope and balance so that consumers develop or redevelop the necessary competence to meet their own everyday community living needs ⁷.

12.4 Supported Housing

GENERAL:

Criteria

- 12.4.1** The mental health service identifies housing needs and desires of consumers in the service plan.
- 12.4.2** The mental health service ensures that consumers have access to an appropriate range of agencies, programs, and interventions to meet their needs for housing.
- 12.4.3** The mental health service provides a range of treatments and support that maximize opportunities for the consumer to live independently in their own housing.
- 12.4.4** Unless safety is a concern, assistance in maintaining housing is not contingent upon compliance with treatment.
- 12.4.5** The mental health service provides supported housing in a manner that promotes choice, safety, and maximum possible quality of life for the consumer.
- 12.4.6** The mental health service ensures that consumers have access to safe, affordable, decent housing in locations that are convenient to community services and amenities.
- 12.4.7** The mental health service operates or provides access for consumers to specialized supported/supervised housing that includes active support and treatment components.
- 12.4.8** The mental health service provides support and advocacy to consumers in communicating and problem solving with landlords.
- 12.4.9** The mental health service works closely with landlords to ensure that consumers do not lose their housing during periods of hospitalization or other temporary out of community treatment.
- 12.4.10** The mental health service provides access to and assistance with options for consumer home ownership.

Supported housing provided by the organization:

Criteria

- 12.4.11** The mental health service fully integrates the housing program into other treatment and support programs.
- 12.4.12** The mental health service delivers a range of treatment and support services to the consumers living in the housing according to individual need.

⁷ Information on Illness Management and Recovery at : <http://www.mentalhealthpractices.org/imr.html>

- 12.4.13** The mental health service offers to consumers living in the housing maximum opportunity to participate in decision making with regard to the degree of supervision in the facility, decor, visitors, potential residents and house rules.
- 12.4.14** Mental health service provided housing is in the proximity of consumers' social and cultural supports, and community activities
- 12.4.15** The mental health service ensures that housing maximizes opportunities for the consumer to exercise control over their personal space.
- 12.4.16** The mental health service-provided housing accommodates the needs of consumers with physical disabilities (complies with the Americans With Disabilities Act).

Supported housing provided by agencies other than the mental health service:

Criteria

- 12.4.17** The mental health service does not refer a consumer to housing where he / she is likely to be exploited and/or abused.
- 12.4.18** The mental health service refers a consumer to temporary housing such as homeless shelters only for short-term temporary periods pending a move to permanent housing.

12.5 Education

Criteria

- 12.5.1** The mental health service identifies education needs and desires of consumers in the treatment plan.
- 12.5.2** The mental health service supports the consumer's desire to participate in and facilitates access to opportunities for further or continuing education.

12.6 Employment

Criteria

- 12.6.1** The mental health service identifies employment needs and desires of consumers in the service plan, and assists consumers in defining life roles with respect to work and meaningful activities.
- 12.6.2** The mental health service assists consumers to find and keep competitive employment through a supported⁸ employment approach.
- 12.6.3** The mental health service accommodates consumers' individual choices and decisions about work and support based on consumers' needs, preferences, and experiences.
- 12.6.4** The mental health service emphasizes a focus on rapid attachment to the workforce in integrated settings⁹ and support for consumers in obtaining and keeping integrated employment in community settings.
- 12.6.5** The mental health service ensures consumers' right to fair pay and working conditions.

⁸ Information on Supported Employment at : <http://www.mentalhealthpractices.org/se.html>

⁹ Bond, G.R., Becker, D.R., Drake, R.E., Rapp, C.A., Meisler, N., Lehman, A.F., et al. (2001). Implementing supported employment as an evidence-based practice. *Psychiatric Services*, 52(3), 313-322.

- 12.6.6** The mental health service works closely with employers to ensure that consumers do not lose their jobs during periods of hospitalization or other temporary out of community treatment.

12.7 Family and Relationships

Criteria

- 12.7.1** The mental health service identifies needs and desires of consumers relative to family relationships in the service plan.
- 12.7.2** The mental health service's treatment and support provides consumers with the opportunity to strengthen their valued relationships.
- 12.7.3** The mental health service offers Family Psycho-education to consumers' family members and family members/carers^{10 11}.

12.8 Social and Leisure

Criteria

- 12.8.1** The mental health service identifies social and leisure needs and desires of consumers in the service plan.
- 12.8.2** The mental health service ensures that consumers have access to an appropriate range of agencies, programs and/or interventions to meet their needs for social contact and leisure activities.
- 12.8.3** The mental health service provides or ensures that consumers have access to drop-in facilities for leisure and recreation as well as opportunities to participate in leisure and recreation activities individually and/or in groups.
- 12.8.4** The mental health service facilitates consumers' access to and participation in community-based leisure and recreation activities.

12.9 Medication

Criteria

- 12.9.1** Medication prescription protocol is evidence-based and reflect internationally accepted medical standards^{12 13}.
- 12.9.2** Medication is prescribed, stored, transported, administered, and reviewed by authorized persons in a manner consistent with legislation, regulations and professional guidelines.
- 12.9.3** The consumer and their family members/carers are provided with understandable written and verbal information on the potential benefits, adverse effects, costs and choices with regard to the use of medication.
- 12.9.4** Where the consumer's medication is administered by the mental health service, it is administered in a manner that protects the consumer's dignity and privacy.

¹⁰ Dixon, L., McFarlane, W.R., Lefley, H., Lucksted, A., Cohen, M., Falloon, I., et al. (2001). Evidence-based practices for services to families of people with psychiatric disabilities. *Psychiatric Services*, 52(7), 903-910.

¹¹ For information on Family Psycho-education at : <http://www.mentalhealthpractices.org/fam.html>

¹² Texas Medication Algorithm Project at : <http://www.dshs.state.tx.us/mhprograms/TMAPover.shtml>

¹³ Information on Medication Management at : <http://www.mentalhealthpractices.org/med.html>

- 12.9.5** "Medication when required" (PRN) is only used as a part of a documented continuum of strategies for safely alleviating the consumer's distress and/or risk.
- 12.9.6** The mental health service ensures access for the consumer to the safest, most effective, and most appropriate medication and/or other technology.
- 12.9.7** The mental health service considers and documents the views of consumers and, with consumers' informed consent, their family members/carers and other relevant service providers prior to administration of new medication and/or other technologies.
- 12.9.8** The mental health service acknowledges and facilitates consumers' right to seek opinions and/or treatments from other qualified prescribers and the mental health service promotes continuity of care by working effectively with other prescribers.
- 12.9.9** Where appropriate, the mental health service actively promotes adherence to medication through negotiation and the provision of understandable information to consumers and, with consumers' informed consent, their family members/carers.
- 12.9.10** Wherever possible, the mental health service does not withdraw support or deny access to other treatment and support programs on the basis of consumers' decisions not to take medication.
- 12.9.11** For new clients, there is timely access to a psychiatrist or mid-level practitioner for initial psychiatric assessment and medication prescription within a time period that does not, by its delay, exacerbate illness or prolong absence of necessary medication treatment ¹⁴.
- 12.9.12** For open clients, there are regularly scheduled appointments with a psychiatrist or mid-level practitioner to assess the effectiveness of prescribed medications, to adjust prescriptions, and to address clients' questions / concerns. The length of time between appointments compromises neither clinical protocol nor client – clinician relationships.
- 12.9.13** When legitimate concerns or problems arise with prescriptions, clients have immediate access to a psychiatrist or mid-level practitioner.
- 12.9.14** Medication allergies and adverse medication reactions are well documented, monitored, and promptly treated.
- 12.9.15** Medication errors are documented.
- 12.9.16** There is a quality improvement process in place for assessing ways to decrease medication errors.
- 12.9.17** Appropriate consumers are screened for tardive dyskinesia.
- 12.9.18** Rationale for prescribing and changing prescriptions for medications is documented in the clinical record.
- 12.9.19** Medication education is provided to consumers including "adherence" education.
- 12.9.20** There is a clear procedure for the use of medication samples.
- 12.9.21** Unused portions of medications are disposed of appropriately after expiration dates.
- 12.9.22** Individual consumers' medications are disposed of properly when prescriptions are changed.
- 12.9.23** There is a clear procedure for using and documenting emergency medication use, including documentation of rationale, efficacy, and side effects.

¹⁴ For individuals who are in crisis or at risk of crisis or whose need for medications has created significant distress, access is immediate. For individuals who are relatively stable (housing in place, access to food, short term family or other support available), access is within one week of initial contact.

- 12.9.24** There is a clear procedure for using and documenting 'involuntary' medication use, including documentation of rationale, efficacy, and side effects.
- 12.9.25** There are procedures in place for obtaining medications for uninsured or underinsured consumers.
- 12.9.26** Assertive medication delivery and monitoring is available to consumers based on need for this service.

12.10 Co-Occurring Psychiatric and Substance Use Disorders

Criteria

- 12.10.1** In assessing each individual, the mental health service assumes that a co-occurring mental illness and substance use disorder exists, and orients assessments and uses tools and methodologies that proactively confirm either the presence or absence of a co-occurring psychiatric and substance use disorder.
- 12.10.2** If co-occurring psychiatric and substance disorders are determined to be present, the assessment describes the dynamics of the interplay between the psychiatric and substance disorders.
- 12.10.3** If co-occurring psychiatric and substance disorders are determined to be present, the service plan describes an integrated treatment approach.
- 12.10.4** The mental health service provides integrated, continuous treatment for consumers who have a co-occurring mental illness and substance use disorder according to best practice guidelines adopted by the state¹⁵.
- 12.10.5** If co-occurring psychiatric and substance disorders are determined to be present, treatment documentation indicates that interventions have integrated psychiatric and substance disorder therapies; when counselors from discrete psychiatric and substance disorders disciplines are involved, documentation indicates ongoing communication and coordination of therapies.
- 12.10.6** The mental health service identifies and eliminates barriers to the provision of integrated treatment for consumers who have a co-occurring mental illness and substance use disorders.
- 12.10.7** The mental health service uses one service plan and one relapse plan for each consumer with a co-occurring mental illness and substance use disorder.
- 12.10.8** If possible, the clinician managing the treatment and providing therapy to each consumer with a co-occurring mental illness and substance use disorder is licensed for both mental health and chemical dependency counseling.
- 12.10.9** If the mental illness and the substance use disorder are being treated by more than one professional, the mental health service ensures that communication and treatment integration between these personnel is maximized.

¹⁵ Drake, R.E., Essock, S.M., Shaner, A., Carey, K.B., Minkoff, K., Kola, L., et al. (2001). Implementing dual diagnosis services for recipients with severe mental illness. *Psychiatric Services*, 52(4), 469-476.

12.11 Crisis Response and Intervention Services

Criteria

- 12.11.1 The mental health service has clear policies that describe its activities for responding to emergency mental health services within in the defined community.
- 12.11.2 The mental health service operates a 24 hour / day, 7 day / week crisis telephone line.
- 12.11.3 The mental health service responds directly to its own clients who call the crisis telephone line.
- 12.11.4 The mental health service responds directly to unattached individuals who call the crisis telephone line.
- 12.11.5 The mental health service carefully refers consumers who call the crisis telephone line and who are engaged in services with another entity to that entity.
- 12.11.6 The mental health service's crisis telephone number is clearly listed in the local telephone directory.

12.12 Relapse Prevention

Criteria

- 12.12.1 Does FACILITY assist each enrolled consumer to develop a relapse management plan that identifies early warning signs of relapse and describes appropriate actions for FACILITY , consumers, and family members/carers to take?

12.13 Representative Payee Services

Criteria

- 12.13.1 In providing representative payee services, the mental health service addresses the potential for coercion and leverage and the ramifications on treatment and support.
- 12.13.2 The mental health service clearly articulates the payee policy and procedure verbally and in writing to consumers.
- 12.13.3 The mental health service utilizes transparent accountability mechanisms and standard accounting practices.
- 12.13.4 The mental health service has an administrative structure 'above' the payee staff person that fiscally manages the representative payee arrangement, and addresses the supervision of individuals who function as payees.
- 12.13.5 Before establishing a payee relationship, the mental health service clearly assesses that the consumer cannot manage his or her own funds, and determines that basic functioning are routinely, directly, and significantly affected by this problem.
- 12.13.6 The mental health service makes every effort to explore alternatives to establishing a payee relationship, including efforts to negotiate voluntary assistance.
- 12.13.7 The mental health service addresses whether, on an individual basis, it is advantageous or contraindicated relative to the recovery process for a consumer's case manager or therapist to be the payee.

- 12.13.8** The mental health service prioritizes the needs of consumers and not the needs or convenience of the mental health service in making decisions about and the structure of provision of payee services.
- 12.13.9** The mental health service provides payee managers and clinical workers with education and training about the issues related to representative payeeships. Important areas are:
- Transference and counter-transference issues
 - Techniques for preventing volatile situations with consumers.
 - Budgeting principles and techniques for negotiating with consumers.
- 12.13.10** The mental health service incorporates the payee relationship into the service plan, including education and skill development that leads to increased independence in money management, and specific criteria for returning autonomy to the consumer.
- 12.13.11** The mental health service uses evidence-based factors (e.g. reductions in hospitalizations and homelessness) to help plan clinical objectives, to measure the effect of representative payeeship, and to determine whether the objectives for establishing a payee relationship are being achieved.
- 12.13.12** The mental health service defines mechanisms by which consumers earn increased financial responsibility in small yet frequent increments by demonstrating successful accomplishment of certain skills.
- 12.13.13** The mental health service defines specific time frames for reevaluating consumers' representative payeeships.

13 Access and Entry

- **The mental health service is accessible to consumers and the defined community.**
- **The process of entry into the mental health service meets the needs of consumers and the defined community and facilitates timely and ongoing assessment and minimal delay in service delivery.**

Criteria

- 13.1** The mental health service ensures equality in the access to and ~~delivery of~~ entry into treatment and support regardless of consumer's age, gender, culture, sexual orientation, social / cultural / ethnic / religious / racial status, religious beliefs, previous psychiatric diagnosis, past forensic status, and physical or other disability.
- 13.2** Mental health services are convenient to the community and are linked to primary medical care providers.
- 13.3** The mental health service informs the defined community of its availability, range of services and the method for establishing contact.
- 13.4** For new clients, there is timely access to psychiatric assessment and service plan development and implementation within a time period that does not, by its delay, exacerbate illness or prolong distress¹⁶.
- 13.5** The mental health service has policies and procedures describing its entry process, inclusion and exclusion criteria and means of promoting and facilitating access to appropriate ongoing care for people not accepted by the mental health service.
- 13.6** An appropriately qualified and experienced staff person (mental health professional or case manager) is available at all times - including after regular business hours - to assist consumers to enter into mental health care.

¹⁶ For individuals who are in crisis or at risk of crisis, access is immediate. For individuals who are relatively stable (housing in place, access to food, medications in place, short term family or other support available), access is within one week of initial contact.

- 13.7 The process of entry to the mental health service minimizes the need for duplication in assessment, service planning and service delivery.
- 13.8 The mental health service ensures that consumers and their family members/carers are able to, from the time of their first contact with the mental health service, identify and contact a single mental health professional responsible for coordinating their care.
- 13.9 The mental health service has a system for prioritizing referrals according to risk, urgency, distress, dysfunction, and disability, and for commencing initial assessments and services accordingly.

14 Continuity of Care Through Transitions

The mental health service ensures continuity of care by assisting consumers in transitions within the organization, to services outside of the organization, and in planning for their “exit” transition out of the mental health service to a defined “next step” to ensure that ongoing follow-up is available if required.

Criteria

- 14.1 Consumers' transitions among components of the mental health service are facilitated by a designated staff member and a single individual service plan known to all involved.
- 14.2 Consumers' individual service plans include exit plans that maximize the potential for ongoing continuity of care during and after all transitions from the mental health service.
- 14.3 The mental health service ensures smooth transitions of children into adult services if necessary and appropriate.
- 14.4 The mental health service reviews exit plans in collaboration with consumers and, with consumers' informed consent, their family members/carers as part of each review of the individual service plan.
- 14.5 The mental health service reviews the outcomes of treatment and support as well as ongoing follow-up arrangements for each consumer prior to their exit from the service.
- 14.6 The mental health service provides consumers and their family members/carers with understandable information on the range of relevant services and supports available in the community when they exit from the service.
- 14.7 When a consumer is transitioning to another service provider, the mental health service proactively facilitates in person involvement by the new service provider in transition planning and the earliest appropriate involvement of the service provider taking over treatment responsibilities.
- 14.8 The mental health service ensures that consumers referred to other service providers have established contact, and that the arrangements made for ongoing follow-up are satisfactory to consumers, their family members/carers, and the other service provider prior to exiting the mental health service.
- 14.9 When a consumer who is transitioning to another service provider is taking psychotropic medications, the mental health service proactively facilitates the seamless continuation of access to those medications by ensuring that: (1) the consumer has an appointment with the physician who will be taking over psychotropic medication management, (2) the consumer has enough medications in hand to carry him/her through to the next doctor appointment, and (3) the consumer's medication funding is established prior to the transition.

15 Re-entry Into Service

The mental health service ensures planned access to re-entry according to consumers' needs.

Criteria

- 15.1 The mental health service ensures that consumers, their family members/carers and other service providers and agencies involved in follow-up are aware of how to gain re-entry to the mental health service at a later date.
- 15.2 Prior to exit, the mental health service ensures that consumers, their family members/carers and other agencies involved in follow-up, can identify a staff person in the mental health service who has knowledge of the most recent episode of treatment and/or support.
- 15.3 The mental health service schedules follow-up contact with consumers and post-exit service providers to determine continuity of service, and attempts to re-engage with consumers who do not keep the planned follow-up appointments.
- 15.4 The mental health service assists consumers, family members/carers, and other agencies involved in follow-up to identify the early warning signs that indicate the mental health service should be contacted.

16 Transition Into and Out of Inpatient / Residential Treatment

- **The mental health service ensures access to high quality, safe, and comfortable inpatient or residential care for consumers.**
- **The mental health service ensures that consumers' transitions into and out of inpatient or residential care promote continuity of care and maintenance of family, professional, and community connections.**

Criteria

- 16.1 The mental health service offers and assertively explores less restrictive, community-based alternatives to inpatient or residential treatment and support.
- 16.2 Where admission to an inpatient psychiatric facility or residential treatment is required, the mental health service makes every attempt to promote voluntary admission for the consumer.
- 16.3 The mental health service assumes primary responsibility for continuity of care between inpatient or residential treatment and community-based treatment.
- 16.4 The mental health service ensures that consumers' case managers stay in close contact via telephone and personal visits with consumers while they are in inpatient or residential treatment.
- 16.5 The mental health service ensures that consumers' case manager, therapist, and psychiatrist participate in hospital intake and assessment, especially regarding medication considerations.
- 16.6 Leading up to and at the time of discharge, both the community service and the inpatient service / residential treatment service communicate and coordinate in such a way as to ensure continuity of care when consumers are discharged from inpatient / residential treatment.
- 16.7 The mental health service facilitates discharge planning meeting(s) prior to discharge that involve the consumer, family members / carers, and community providers.

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